

FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION 1402083

OMB APPROVAL 3235-0076 OMB Number: Expires: May 31, 2008 Estimated Average burden hours per form 16.00

SEC USE ONLY							
Prefix		Serial					
DAT	E RECEIV	'ED					

				<u> </u>	
Name of Offering: Pequot New Vista Fund, L.	P. – Offering of Limi	ted Partnership Int	erests		
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	Rule 506	☐ Section 4(6)	☐ ULOE
Type of Filing:	New Filing	☐ Amendment			
	A. BA	SIC IDENTIFICAT	TION DATA		
1. Enter the information requested about the issu	ег				
Name of Issuer (check if this is an ame	ndment and name has	changed, and indicate	change.)		
Pequot New Vista Fund, L.P.					
Address of Executive Offices	(Number a	nd Street, City, State,	Zip Code)	Telephone Number (Inc	luding Area Code)
500 Nyala Farm Road, Westport, Connecticut	06880			(203) 429-2200	
Address of Principal Business Operations	(Number a	nd Street, City, State,	Zip Code)	Telephone Number (Inc	luding Area Code)
(if different from Executive Offices)					DOCECCE
Brief Description of Business					PACK
To operate as a private investment fund.					TIIN 0 7 2007
Type of Business Organization					JUN 0 1 ZOO1
☐ corporation	□ limited partners	hip, already formed	□ of	ther (please specify):	HOMSON
☐ business trust	limited partnersh	nip, to be formed			FINANCIAL
Actual or Estimated Date of Incorporation or Org	anization:	Month 1 2	Year 0	6 🗵 Actual	☐ Estimated
Jurisdiction of Incorporation: (Enter two-letter U CN for Canada	S. Postal Service Abl FN for other foreign			D	E

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENT	IFICATION DATA			
2. Enter the informatio	n requested for the fe	ollowing:				
-		has been organized within the p				
 Each beneficial own 	er having the power	to vote or dispose, or direct the	vote or disposition of, 10% or n	nore of a class of ed	quity sec	eurities of the issuer;
Each executive office	er and director of co	porate issuers and of corporate	general and managing partners	of partnership issue	ers; and	
	inaging partner of pa	·				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	(<u>×</u>)	General and/or Managing Partner
Full Name (Last name first, if in Pequot New Vista GP, L.L.C.	ndividual)					
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)				
500 Nyala Farm Road, Westp	ort, Connecticut 06	880				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer Managing Member	☐ Director		General and/or Managing Partner
Full Name (Last name first, if in	ndividual)					
Samberg, Arthur J.						
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)				
500 Nyala Farm Road, Westpo		_				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if in	ndividual)					
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if in	idividual)					
Business or Residence Address	(Number and Street	t, City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	0	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)			-		
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	0	General and/or Managing Partner
Full Name (Last name first, if in	dividual)					
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if in	dividual)					
Business or Residence Address	(Number and Street	t, City, State, Zip Code)				
	(Use bla	ink sheet, or copy and use additi	onal copies of this sheet, as nec	cessary.)		

					В. І	NFORM	ATION A	BOUT O	FFERING					
	•												Yes	No
1.	Has the issue	r sold, or d	oes the issu	er intend to									🗆	×
					Answer	also in Ap	pendix, Col	umn 2, if fi	ling under	ULOE.			£1 000	nnn±
2.	What is the n	ninimum in	vestment th	at will be a	ccented fro	m any indiv	zidual?						\$1,000, \$5,000.	
	*(The minin													
mini	imums is sub									·			Yes	No
3.	Does the offe													
4.	Enter the inf solicitation o registered wit a broker or de	f purchases th the SEC	rs in connect and/or with	ction with s a state or s	sales of sec states, list tl	curities in the name of	he offering the broker	. If a person or dealer. I	on to be lis	sted is an a	ssociated p	erson or age	ent of a broke	er or dealer
Full	Name (Last na	me first, if	individual)											-
NO	ve.													
	ness or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)								
					-	•								
Nam	e of Associate	d Broker or	Dealer						 -					
State	s in Which Pe	rson Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser:	<u> </u>							
													🗆 All S	****
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	[MT]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	(NC)	[ND]	{OH}	[OK]	[OR]	[PA]	
Full	[RI] Name (Last na	[SC]	[SD] individual)	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
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Nam	e of Associate	d Broker or	Deuler						·					
144111	c of Associate	u Diokei Gi	Dealer											
State	s in Which Pe	rcon Listed	Has Salicit	ed or Inten	te to Solicit	Durchacare	-							
Juic													<u> </u>	
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	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
Full	[Ri] Name (Last na	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
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Nam	e of Associate	d Broker or	Dealer											······
. 14111	- or resociate	S DIORCI OI	Dearer											
State	s in Which Per	rson Listed	Has Solicit	ed or Interv	ls to Solicie	Purchaser			 -					
State						. a dicitascis	,							
	(Check "All S [AL]	States" or cl	neck individ	lual States) [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	🗖 Ail Si [ID]	tates
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	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	(PA)	

TN TX [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	the columns below the amounts of securities offered for exchange and already exchanged. These of Security	Aggregate	Amount Alread
	Type of Security	Offering Price (1)	Sold (2)
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$ <u>200,000,000</u>	\$ <u>1,712,763</u>
	Other (specify)	\$	\$
	Total	\$ <u>200,000,000</u>	\$ <u>1,712,763</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number investors(2)	Aggregate Dollar Amount of Purchases (2)
	Accredited Investors	8	\$ <u>1,712,763</u>
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)	N/A	\$N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering		Dollar Amount
	Dul. 506	Type of Security	Sold
	Rule 505	N/A	\$ N/A
	Regulation A	<u>N/A</u>	\$ N/A
	Rule 504	N/A	\$ <u>N/A</u>
	Total	N/A	\$ <u>N/A</u>
h.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$_0
	Printing and Engraving Costs	🗵	\$_5,000
	Legal Fees	X	\$_60,000
	Accounting Fees	_	\$ 5,000
	Engineering Fees	_	\$ 0
	Sales Commissions (specify finders' fees separately)	النينا	\$ <u>0</u>
	Other Expenses (identify) (marketing; travel; regulatory filing fees)	_	\$_5,000
		_	
	Total	X	\$ <u>75,000 (3)</u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

⁽¹⁾ The Issuer is seeking \$200 million in aggregate capital commitments, although the General Partner, in its sole discretion, may accept additional commitments.

⁽²⁾ The number of investors and the total amount sold may reflect U.S. and non-U.S. investors.

⁽³⁾ Estimated to reflect initial costs only.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to \$ 199,925,000 the issuer." Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Directors, and **Payments** Affiliates to Others X \$ (4) Salaries and fees □ \$_____ □ \$_____ □ \$ □ \$ Acquisition of other businesses (including the value of securities involved in this offering that □ \$ □ \$ Working capital □ \$ Other (specify): INVESTMENTS..... **\$199,925,000 \$199,925,000** Total Payments Listed (column totals added)..... **≤** \$199,925,000 (4) The Investment Manager, an affiliate of the Issuer, will be entitled to receive management fees. The Issuer's confidential offering materials set forth detailed discussions of the management fees. D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Signature

Partner

By: Aryeh Davis, Attorney-in-Fact on behalf of Managing Member of the General Partner

ATTENTION

Title of Signer (Print or Type)

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

5/22/07

Pequot New Vista Fund, L.P.

Name of Signer (Print or Type)

Arthur J. Samberg

By: Pequot New Vista GP, L.L.C., as its General

		E. STATE SIGNATURE		
			Yes	No
1.	Is any party described in 17-CFR 230.262 pr	resently subject to any of the disqualification provisions of such rule?		
		See Appendix, Column 5, for state response. NOT APPLICABLE		
2.	The undersigned issuer hereby undertakes to such times as required by state law.	o furnish to any state administrator of any state in which this notice is filed, a notice on Form	m D (17 CFF	t 239.500) at
3.	The undersigned issuer hereby undertakes to	furnish to the state administrators, upon written request, information furnished by the issuer	to offerees.	
4.	(ULOE) of the state in which this notice is for	issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform lir iled and understands that the issuer claiming the availability of this exemption has the burder T APPLICABLE		
The		e contents to be true and has duly caused this notice to be signed on its behalf by the undersig	gned duly aut	horized
Issu	er (Print or Type)	Signature Date		
Peq	uot New Vista Fund, L.P.	5/22/0	07	
By:	ne (Print or Type) Pequot New Vista GP, L.L.C., as its neral Partner	Title (Print or Type)		
	Aryeh Davis, Attorney-in-Fact on behalf	Managing Member of the General Partner		

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX											
1	2 3 4								5			
,	to non-a	I to sell ccredited s in State -Item I)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)							
State	Yes	No	\$200,000,000 aggregate dollar amount of Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
AL	165	140	mieresis	Investors	Amount	investors	Amount	163	110			
AK												
AZ												
AR												
CA												
СО												
СТ	,	Х	See Above	3	\$182,821	N/A	N/A	N/A	N/A			
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	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item I)				
State	Yes	No	\$200,000,000 aggregate dollar amount of Limited Partnership Interests	Number of Accredited Investors	Accredited Non-Accredited			Yes	No
NH	ļ <u>.</u>								
NJ									
NM									
NY		X	See Above	4	\$405,830	N/A	N/A	N/A	N/A
NC									
ND									
ОН									
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OR									
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